



State File # 2017 051281

OWN CLERK'S OFFICE

Information necessary for the Certificate of Death has been completed for:

2017 DEC -5 P 4: 36

11119	ormation neces	sary for the Certi	incate of Death	nas been complete	a tor:			220	J P [_
	Decedent Name	STROM, LI	NDA				SOU	THBO	ROUGH,	МΔ
	Place of Death 1021 MADISON PLACE, SOUTHBOROUGH, MA									
Ŀ	Date of Death	NOVEMBER 1	2, 2017	Da	te of Birth	SEPTEMBER	15, 1948	Sex	FEMALE	
DENT	Residence	1021 MADISO	N PLACE, SOU	THBOROUGH, N	IASSACI	HUSETTS 01772	į			
DECED	NO	pecify war/conflict(s	s) (most recent)							
	Branch of militar	ry (most recent)		I.	Rank/organi 	ization/outfit(most r	recent)			
	Date entered(mo	st recent)		Date Discharged (mo	ost recent)	Service N	lumber(most rec	ent)		
2	Certifier DAVII	O SOMMER, MI	D			Lic # 238	3767			
TIFIE	Addr. 123 SUM	IMER STREET,	WORCES TER	, MASSACHUSE	TTS 0160	8				
~	Immediate Cause									
CE	CARDIAC AR	IKES I								
Th	is permit autho	rizes the followi	ng Funeral Serv	ice Licensee or De	signee to 1	remove, dispose o	or transport r	emains	as listed bel	ow:
z	Funeral Licensee/ Designee CHRISTOPHER P GOULET, SR Lic # 50719									
SITIO	Facility. HAMEL FUNERAL CARE & CREMATION SERVICE OF MASSACHUSETTS, QUINCY, MASSACHUSETTS									
SI	Disposition Type CREMATION Date of Disposition					oosition NOVI	EMBER	16, 2017		
SPO	Place/Address BLUE HILL CREMATORY, 700 REAR WEST STREET, BRAINTREE, MASSACHUSETTS 02184									
DI	ALLES CAMBIAS CALL, TO AMERICA THE STATE S									
En	dorsements									
T	Registry of Vita	l Records and Stat	istics	Board of Health	/Agent for	: SOUTHBOROU	GH			
ERMIT	State Tracking #	051281		Local Permit#	E-PERM	IIT				
PER	Date	NOVEMBER	15, 2017	Date						
				Name of Agent						
N	I hereby certify	that the remains w	ere disposed of in	accordance with its	terms at th	ne place and date b	elow:			
TION	Place of Disposit	ion (Facility Name ill Cemetery	and Address) and Crema	torv	Signatur	re				
FIRMA		est Street, B			X	Eu	ul M	7	-8	
CON	Disposition Type		Date of Dispositi	on	Name of	Superintendent or A	a 1505-51	_		
S	Crer	mation	NOV 17.	ZU1/	-	Gerald M.	Ridge, Jr	:, Pre	sident	

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





PERMIT

State File# 2017 050937

Form R-309 07012014

Inf	nformation necessary for the Certificate of Death has been completed for:										
	Decedent Name HALLISEY, RICHARD ALLYN Place of Death 10 GENERAL HENRY KNOX ROAD, SOUTHBOROUGH, MA										
	Place of Death 10 GENERAL HENRY KNOX ROAD, SOUTHBOROUGH, MA										
T	Date of Death	NOVEMBER 13, 2017	Date of Bir	th JUNE 02, 1933	Sex	MALE					
ECEDENT	Residence 10 GENERAL HENRY KNOX ROAD, SOUTHBOROUGH, MASSACHUS ETTS 01772										
CE	If U.S. veteran, sp	pecify war/conflict(s) (most recent)									
DE	Branch of militar	y (most recent)	Rank/org	ganization/outfit(most r	recent)						
	Date entered(mo	st recent)	Date Discharged (most recen	t) Service N	umber(most recent)						
~	Certifier RICH	ARD ORINO, MD		Lic # 552	285						
RTIFIE	Addr. 604 MAI	N STREET, SHREWSBURY, I	MASSACHUSETTS 0154	5							
CERT	Immediate Cause SQUAMOUS	of Death CELL LUNG CANCER									
Tì	is permit autho	rizes the following Funeral Ser	vice Licensee or Designee	to remove, dispose o	or transport remains	as listed below:					
z	Funeral Licensee/ Designee NANCYG MORRIS Lic # 50277										
CI O	Facility. MORI	RIS FUNERAL HOME, SOUT	HBOROUGH, MASSACI	IUSETTS							
SI	Disposition Type	BURIAL		Date of Disposition NOVEMBER 18, 2017							
DISPOSITIO	Place/Address	ETERY, 11 CORDAVILLE ST	REET. SOUTHBOROUG	H. MASSACHUSI	ETTS 01772						
9	KOLULE CELLE	J. 11 001011 11 01									
Er	dorsements										
[Registry of Vita	Records and Statistics	Board of Health/Agent	for: SOUTHBOROU	GH						
PERMIT	State Tracking #	050937	Local Permit # E-PE	RMIT							
PER	Date	NOVEMBER 14, 2017	Date —								
			Name of Agent —								
N		that the remains were disposed of i	n accordance with its terms a	t the place and date b	elow:						
Place of Disposition (Facility Name and Address) NUMBER CHARLES OF STREET O											

Acceptance of Permit

Disposition Type TU LEARTH

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

Date of Disposition

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ate File #	2017 004791

	OR 7	TRANSPORT	'A TETA	NT			
000	0188140	PERMIT	AIIC	RECEIVED			
Form	n R-309 07012014	PERIVITI		TOWN CLERK'S OFFICE			
Inf	ormation necessary for the Certificate of Death ha	s been completed f	or:	- ANT O OF FICE			
	D. J. WEDGODELL EDWARD	DITTI VD		7017 SEP 13 A 8: 16			
	Decedent Name MERCORELLI, EDWARD	PHILIP					
	Place of Death 22 BREAKNECK HILL ROAD,			SOUTHBOROUGH, MA SEPTEMBER 25, 1952 Sex MALE			
TN	Date of Death JANUARY 25, 2017		of Birth				
DE	Residence 22 BREAKNECK HILL ROAD,	SOUTHBOROUG	H, MAS	SACHUSETTS			
ECEDENT	If U.S. veteran, specify war/conflict(s) (most recent) NO						
Q	Branch of military (most recent)	Ran	k/organiz	cation/outfit(most recent)			
	Date entered(most recent) Date	ate Discharged (most i	recent)	Service Num ber(most recent)			
æ	Certifier JOHN G KRIKORIAN, MD			Lic # 36428			
IFIE	Addr. 571 UNION AVENUE, FRAMINGHAM, M	ASS ACHUS ETT	S 01702				
CERTI	Immediate Cause of Death METAS TATIC ADENOCARCINOMA OF THE	PROSTATE					
Th	is permit authorizes the following Funeral Service	e Licensee or Desig	nee to r	emove, dispose or transport remains as listed below:			
z	Funeral Licensee/Designee WILLIAM R DUCKET	Γ		Lic # 50842			
101	Facility. METROWEST FUNERAL & CREMATION SERVICES, WADSWORTH-CHIAPPINI, FRAMINGHAM,						
DISPOSITIO	Disposition Type BURIAL			Date of Disposition FEBRUARY 01, 2017			
0 d S	Place/Address						
D 18	PROSPECT HILL CEMETERY, AUBURN ROA	AD, MILLIS, MAS	SACH	US ETTS 02054			
En	dorsements	-					
ے	Registry of Vital Records and Statistics	Board of Health/A	gent for:	SOUTHBOROUGH			
MIT	State Tracking # 004791	Local Permit# E	-PERMI	Т			
PER	Date JANUARY 31, 2017	Date	-				
-		Name of Agent	-				
Z	I hereby certify that the remains were disposed of in ac	ccordance with its ter	ms at the	e place and date below:			
Т10	Place of Disposition (Facility Name and Address)		Signatur	ę.			
M A	Wossed Will Clinesery						
FIR	M. 11/16 NA 02054		X				
CONFIR	Disposition Type Date of Disposition		Name of .	Superintendent or Authorized Designee:			
ာ	1 6111 / WAR 1 21117						

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION

PERMIT

State File #

2016 037343

RECEIVED

OCME CASE # 2016 10622

Inf	ormation necessary for the Certificate of Death ha	as been complete	d for:		2017 AUG 25	5 A 8: 29			
	Decedent Name MERLONI, JEFFREY JAN	MES			SOUTHBO	ROUGH, MA			
	Place of Death 12 E MAIN STREET, SOUTHBO	OROUGH, MA			000				
ے	Date of Death AUGUST 26, 2016	Da	te of Birth	OCTOBER 25, 1960	Sex	MALE			
EN	Residence 12 E MAIN STREET, SOUTHBOROUGH, MASS ACHUS ETTS 01772								
DECEDENT	If U.S. veteran, specify war/conflict(s) (most recent) NO			. '					
٩	Branch of military (most recent)	R	ank/organ	ization/outfit(most recent)					
	Date entered(most recent)	ate Discharged (mo -	ost recent)	Service Number((most recent)				
<u>~</u>	Certifier ANAND B. SHAH, MD			Lic # 263749					
FIE	Addr. 720 ALBANY STREET, BOSTON, MASS	ACHUSETTS 02	2125						
CERTIFIER	Immediate Cause of Death PENDING								
Tì	is permit authorizes the following Funeral Servic	e Licensee or De:	signee to 1	emove, dispose or tran	sport remains	as listed below:			
	Funeral Licensee/ Designee NANCYG MORRIS				Lic # 50277				
NO	Facility. MORRIS FUNERAL HOME, SOUTHB	OROUGH, MAS	SACHUS	SETTS					
SIT	Disposition Type CREMATION Date of Disposition SEPTEMBER 05, 2016								
DISPOSITIO	Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772								
En	dorsements								
	Registry of Vital Records and Statistics	Board of Health	/Agent for	SOUTHBOROUGH					
PERMIT	State Tracking # 037343	Local Permit#	16-13						
ER	Date AUGUST 29, 2016	Date	AUGUS'	Г 29, 2016					
-		Name of Agent	JAMES	F. HEGARTY					
z	I hereby certify that the remains were disposed of in a	ccordance with its	terms at th	e place and date below:					
FIRMATION	Place of Disposition (Facility Name and Address) RUTAL CEMETERS 11 CORDANILLE RD. SWINGANISH, 1111. Sec. F, GRUA 99A	12	Signatur	Le. A		alor			
CONFIR	Disposition Type Source Date of Disposition	2017	Name of	Superintendent or Authori	' .	= (=IPED			

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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State File #

Name of Superintendent or Authorized Designee:

2017 033809 RECEIVED

OCME CASE #2017 9342 RK'S OFFICE

PAIT AUC ..

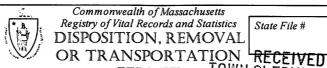
Inf	ormation necess	ary for the Certificate of Death I	nas been completed for:	2011 400 14 1 D 3: 01		
	Decedent Name	BARTON, JESSE P		SOUTHBOROUGH, MA		
	Place of Death	16 STRAWBERRY HILL ROA	D, SOUTHBOROUGH, MA	THE STATE OF THE S		
F	Date of Death	JULY 21, 2017	Date of Birth	MARCH 20, 1992 Sex MALE		
EN	Residence	16 STRAWBERRY HILL ROA	D, SOUTHBOROUGH, MAS	SSACHUSETTS 01772		
DECEDENT	NO	oecify war/conflict(s) (most recent)				
^	Branch of militar	y (most recent)	Rank/organiza	ntion/outfit(most recent)		
	Date entered(mod	st recent)	Date Discharged (most recent)	Service Number(most recent)		
_	Certifier RICHA	ARD J. EVANS, MD		Lic # 58622		
FIE	Addr. 55 LAKE	AVENUE N, WORCESTER, M	IASSACHUSETTS 01655			
CERTIFIE	Immediate Cause PENDING	of Death				
TI	is permit autho	rizes the following Funeral Serv	ice Licensee or Designæ to re	move, dispose or transport remains as listed below:		
_	Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277					
DISPOSITION	Facility. MORI	RIS FUNERAL HOME, SOUTH	ETTS			
SIT	Disposition Type	CREMATION	Date of Disposition JULY 28, 2017			
SPO	Place/Address	PERDY (CDEMATODE) 190 C	DOVE STREET WORCES	FER, MASSACHUSETTS 01605		
ī	RURAL CEMI	EIERY (CREVIATORY), 180 G	ROVE STREET, WORCES	ier, Massachusei is vious		
Er	dorsements					
	Registry of Vita	Records and Statistics	Board of Health/Agent for:	SOUTHBOROUGH		
PERMIT	State Tracking #	033809	Local Permit# E-PERMI	Γ		
ER	Date	JULY 25, 2017	Date -			
-			Name of Agent —			
z	I he reby certify	that the remains were disposed of in	accordance with its terms at the	place and date below:		
MATION	Place of Disposit	ural Ore Street	Signature	A		
A A	R	ural Crove Street		John To Color		

Acceptance of Permit

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State File #

2017 031075

TOWN CLERK'S OFFICE PERMIT

Information necessary for the Certificate of Death has been completed for: 2017 JUL 24 A 11: 43

Decedent Name CARROLL-BALLARD , PATRICIA SOUTHBOROUGH, MA 50 DEERFOOT ROAD, SOUTHBOROUGH, MA Place of Death Date of Death **JULY 05, 2017** Date of Birth FEBRUARY 25, 1945 Sex **FEMALE** Residence 50 DEERFOOT ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 If U.S. veteran, specify war/conflict(s) (most recent) NO Branch of military (most recent) Rank/organization/outfit(most recent) Date entered (most recent) Date Discharged (most recent) Service Number(most recent) Certifier MICHAEL CONSTANTINE, MD Lic # 75799 Addr. 450 BROOKLINE AVENUE, BOSTON, MASSACHUSETTS 02215 Immediate Cause of Death **LEIOMYOSARCOMA** This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: Lic # 6170 Funeral Licensee/ Designee DAVID A PICKERING Facility. WESTBORO FUNERAL HOME, INC, WESTBOROUGH, MASSACHUSETTS Disposition Type DONATION Date of Disposition JULY 06, 2017 Place/Address

HARVARD MEDICAL SCHOOL, 260 LONGWOOD AVENUE, BOSTON, MASSACHUSETTS 02115

Endorsements

CONFIRMATION

	_	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH			
1	~	State Tracking # 031075		Local Permit#	E-PERMIT		
1	PER	Date	JULY 07, 2017	Date			
L				Name of Agent			
ſ		I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:					

I hereby certify that the remains were disposed of in accordance with it	ts terms at the place and date below:
Nace of Dispasition (Facility Name and Address) BOSTON MA	X Challed
Disposition Type Date of Disposition	Name of Superintendent fr Authorized Designee:

Acceptance of Permit

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State File#

2017 016179

Form R-309 07012014

Inf	nformation necessary for the Certificate of Death has been completed for:							
	Decedent Name	BETTINELLI , MARY ELI	LEN					
	Place of Death 1	179 CORDAVILLE ROAD, SO	UTHBOROUGH,	MA				
-	Date of Death 1	MARCH 31, 2017	Dat	e of Birth	SEPTEMBER 15, 1949 Sex FEMALE			
DEN	Residence 1	179 CORDAVILLE ROAD, SO	UTHBOROUGH,	MASSAC	HUSETTS 01772			
ECEDENT	If U.S. veteran, spe NO	ecify war/conflict(s) (most recent)						
DE	Branch of military	R	ank/organiza -	ation/outfit(most recent)				
	Date entered(most		ate Discharged (mo -	st recent)	Service Number(most recent)			
E R		EN BUCHANAN, MD			Lic # 216529			
RTIFIER		CESTER ROAD, FRAMINGHA	M, MASSACHU	SETTS 01	701			
CERT	Immediate Cause of Death END STAGE RENAL DISEASE							
Th	is permit authori	zes the following Funeral Service	e Licensee or Des	ignee to re	move, dispose or transport remains as listed below:			
z	Funeral Licensee/ Designee NANCYG MORRIS Lic # 50277							
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASS ACHUSETTS							
SIT	Disposition Type CREMATION Date of Disposition APRIL 06, 2017							
DISPOSITIO	Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605							
En	dorsements							
	Registry of Vital I	Records and Statistics	Board of Health	Agent for:	SOUTHBOROUGH			
MIT	State Tracking #	016179	Local Permit#	E-PERMI	Γ			
ER	Date	APRIL 04, 2017	Date					
-			Name of Agent					
NC		nat the remains were disposed of in a	ccordance with its (erms at the	place and date below:			
ATION	Place of Dispositio	n (Facility Name and Address)		Signature	A A .			
CONFIRM	and Cyellia of		ó	X	John W Cabell			
1 = 1		100 (3)0° 14 N 1110°						
6	Disposition Type	180 Grove Street 180 Grove Street Morcesterale of Disposition	7	Name of S	uperintendent or Authorized Designee:			

Acceptance of Permit Cremoutin

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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State File# 2017 007932

PERMIT

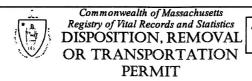
AH I	ormation necess	sary for the Certificate of Death ha	is been complete	u 101 .				
	Decedent Name	DIPASQUALE, ANGELINE	M		<u> , , , ,</u>			
	Place of Death	11 WILDWOOD DRIVE, SOUT	HBOROUGH, M	IA				
T	Date of Death	FEBRUARY 14, 2017	Da	te of Birth	NOVEMBER 19, 1927 S	Sex FEMALE		
DEN	Residence	11 WILDWOOD DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772						
DECED	NO Branch of militar	Branch of military (most recent) Rank/organization/outfit(most recent)						
	Date entered(mo.	st recent) Do	ate Discharged (mo •	si receni)	Service Number(most recent)			
~	Certifier MATH	IEW BEAN, MD			Lic # 224284			
RTIFIER	Addr. 24 NEW	TON STREET, SOUTHBOROUG	H, MASSACHU	SETTS 0	1772			
CERTI	Immediate Cause CONGESTIVE	of Death E HEART FAILURE						
Th	is permit autho	rizes the following Funeral Servic	e Licensee or De	signee to r				
LON	Funeral Licensee/ Designee SHANNONM. HENRY Lic # 6234							
	Facility. BRITT	TON FUNERAL HOMES INC, SI	IREWS BURY, N	IASSACI	HUSETTS			
SI		Disposition Type BURIAL Date of Disposition FEBRUARY 18, 2017						
DISPOSITION	Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772							
En	dorsements							
٦	Registry of Vital	Records and Statistics	Board of Health	/Agent for:	SOUTHBOROUGH			
MI	State Tracking #	007932	Local Permit#	E-PERM	Т			
PERMIT	Date	FEBRUARY 16, 2017	Date					
			Name of Agent					
Z		that the remains were disposed of in a	ccordance with its	terms at the	e place and date below:			
CONFIRMATION	NURAL COM 11 CONSAVILL SEC. 3. 207	E LO, SWADONNEL MA		Signature X Alann-12				
0,	Disposition Type			Same of .	Superintendent or Authorized Designed	ELENZO		

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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State File # 2017 0

2017 007063 RECEIVED

2017 FEB 16 P 2: 16

Inf	ormation neces	sary for the Cert	ificate of Death l	has been complete	d for:			2.
							SOUTH	BOROUGH, MA
	Decedent Name	CHARBONNIE	ER, ALDONA	А В.			900 M	DUNDUGH, MA
	Place of Death	DAUGHTER'S	HOME, SOUT	HBOROUGH, MA	4			
-	Date of Death	FEBRUARY 10), 2017	Da	te of Birth	MARCH 11, 1913	Sex	FEMALE
DEN	Residence			THBOROUGH,	MASSACI	HUSETTS 01772		
ECEDENT	If U.S. veteran, s NO	pecify war/conflict(s) (most recent)					
^	Branch of milita	ry (most recent)		,	Rank/organi: 	zation/outfit(most recent)		
	Date entered(mo	ost recent)		Date Discharged (mo	ost recent)	Service Num ber(mo	ost recent)	
×	Certifier SHEL	LEY KRAMER,	MD			Lic # 57223		
RTIFIER			WESTBOROUG	GH, MASSACHU	SETTS 01	581		
CERT	Immediate Cause ACUTE COR	e of Death ONARY THRON	MBOSIS					
Tì	is permit autho	rizes the followi	ng Funeral Serv	ice Licensee or De	signee to r	emove, dispose or transp	ort remains	as listed below:
z	Funeral Licenses	e/Designee NANC	YG MORRIS				Lic # 50277	
1710								
S 1.1	Disposition Type BURIAL Date of Disposition					EBRUARY	14, 2017	
DISPOS	Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772							
En	dorsements							
E	Registry of Vita	l Records and Stat	istics	Board of Health	Agent for:	SOUTHBOROUGH		
ERMIT	State Tracking #	007063		Local Permit#	E-PERM	T		
PER	Date	FEBRUARY	13, 2017	Date	-			
				Name of Agent				
Z	, , ,		-	accordance with its	terms at th	e place and date below:		
TION		tion (Facility Name	and Address)		Signatur	e		
FIRMA	RURAL CE	LERD, San	Hanciel, The	MA 01772	X			
ONF	Disposition Type	4712, 64	Date of Disposition	on	Name of	Superintendent by Authorized	Designee:	
ပိ	FULL EARTH	/ 1	Feb. 14.	2017	1 1		1 -) = (- V	

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.







2017 004791 State File #

Info	ormation necessary	for the Certi	ficate of Death ha	as been complete	d for:				
	Decedent Name M	ERCORELLI	, EDWARD	PHILIP					
	Place of Death 22 BREAKNECK HILL ROAD, SOUTHBOROUGH, MA								
₋	Date of Death JA	NUARY 25,	2017	Da	te of Birth	SEPTEMBER 25, 1952	Sex	MALE	
EN	Residence 22	BREAKNEC	K HILL ROAD,	SOUTHBOROU	JGH, MAS	SACHUSETTS			
ECEDENT	If U.S. veteran, speci	fy war/conflict(.	s) (most recent)						
DE	NO Branch of military (m	ost recent)		R	ank/organiz	ation/outfit(most recent)			
	Date entered(most recent) Date			ate Discharged (mo -	ost recent)	Service Number(most re	cent)		
Я	Certifier JOHN G	KRIKORIAN	, MD			Lic # 36428			
TIFIER	Addr. 571 UNION		RAMINGHAM, N	MASSACHUSE	TS 01702				
CERT	Immediate Cause of I METASTATIC A		INOMA OF THE	E PROSTATE					
Th	is permit authorize	s the followi	ng Funeral Servic	e Licensee or De	signee to re	emove, dispose or transport		as listed below:	
z	Funeral Licensee/ De						50842		
OSITION	Facility. METROWEST FUNERAL & CREMATION SERVICES, WADSWORTH-CHIAPPINI, FRAMINGHAM,					ιM,			
SIT	Disposition Type BURIAL Date of Disposition FEBRUARY 01, 2017								
ISPO	Place/Address PROS PECT HILL CEMETERY, AUBURN ROAD, MILLIS, MASS ACHUS ETTS 02054								
۵	IKOSIECIIIIA	CEVIETER	i, Addoki ko	AD, MILLIO, M	ABBRICA	332113 02001			
En	dorsements								
_	Registry of Vital Re	cords and Stat	istics	Board of Health	/Agent for:	SOUTHBOROUGH			
PERMIT	State Tracking #	004791		Local Permit#	17-1				
ER	Date	JANUARY 3	1, 2017	Date	Date JANUARY 31, 2017				
				Name of Agent	JAMES I	F. HEGARTY			
z	I hereby certify that	the remains v	vere disposed of in a	ccordance with its	terms at the	place and date below:			
ATION	Place of Disposition	(Facility Name	and Address)		Signature	?			
MA					1				
CONFIRM					X				
OO	Disposition Type		Date of Disposition	n	Name of S	Superintendent or Authorized Des	signee:		
					1				

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





State File #

2017 007063

Form R-309 07012014

Info	ormation necessary fo	or the Certi	ficate of Death ha	s been complete	d for:							
	Decedent Name CHA	RBONNIE	R , ALDONA	В.								
	Place of Death DAU	GHTER'S	HOME, SOUTH	BOROUGH, MA	\							
ī	Date of Death FEB	RUARY 10	, 2017	Da	te of Birth	MARCH 11	, 1913	Sex	FEMALE			
EN	Residence 37 S	OUTHVILI	LE ROAD, SOUT	THBOROUGH,	MASSACI	TUS ETTS 01	772					
ECEDENT	If U.S. veteran, specify	war/conflict(:	s) (most recent)									
D E	NO Branch of military (mos	st recent)		<i>F</i> -	?ank/organi: 	zation/outfit(mo	st recent)					
	Date entered(most rece	nt)	Da	ate Discharged (mo	st recent)	Service	e Number(most re	ecent)				
×	Certifier SHELLEY	KRAMER,	MD			Lic # 5	57223					
FIE	Addr. 112 TURNPIK	E ROAD,	WESTBOROUGH	I, MASSACHU	SETTS 01:	581						
CERTIFIER	Immediate Cause of De ACUTE CORONAL	UTE CORONARY THROMBOSIS										
Th	is permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:											
z	Funeral Licensee/ Desig	gnee NANC	CY G MORRIS				Lic ‡	# 50277				
N 01.	Facility. MORRIS F	UNERAL I	HOME, SOUTHB	OROUGH, MAS	SACHUS	ETTS						
081710	Disposition Type BUR	IAL				Date of L	Disposition FEB	RUARY :	14, 2017			
DISPO	Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772											
En	dorsements											
	Registry of Vital Reco	rds and Stat	istics	Board of Health	/Agent for:	SOUTHBOR	OUGH					
MIT	State Tracking # 00	7063		Local Permit#	17-2			_				
PER	Date FE	BRUARY	13, 2017	Date	FEBRUA	RY 14, 2017						
				Name of Agent	JAMES 1	F. HEGARTY	,					
z	I hereby certify that th	he remains w	ere disposed of in a	ccordance with its	terms at th	e place and dat	te below:					
FIRMATION	Place of Disposition (F	acility Name	and Address)		Signatur	е						
MA												
FIR					X							
CON	Disposition Type		Date of Disposition	1	Name of	Superintendent	or Authorized De	signee:				
l												

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.







State File #

2017 007932

Info	ormation necess	sary for the Cert	ificate of Death h	as been complete	d for:							
	Decedent Name	DIPAS QUALE	, ANGELINE	M								
	Place of Death	11 WILDWOO	D DRIVE, SOUI	HBOROUGH, M	1A							
_F	Date of Death	FEBRUARY 1	4, 2017	Da	te of Birth	NOVEMBER 19, 1927	Sex	FEMALE				
ENT	Residence	11 WILDWOO	D DRIVE, SOUI	HBOROUGH, M	IASSACH	USETTS 01772						
ECED		pecify war/conflict((s) (most recent)									
D E	NO Branch of milita	ry (most recent)		R	ank/organi:	cation/outfit(most recent)						
H			_									
	Date entered(mo	st recent)	<i>D</i>	ate Discharged (mo -	st recent)	Service Number(most rec	:ent)					
2	Certifier MATI	IEW BEAN, MI)			Lic # 224284						
TIFIER	Addr. 24 NEW	TON STREET,	SOUTHBOROUG	GH, MASSACHU	USETTS 0	1772						
CERT	Immediate Cause	e of Death E HEART FAI L	IIRE									
Th	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:											
2	Funeral License	e/Designee SHAN	NONM. HENRY	,		Lic #	6234					
N 01.	Facility. BRIT	TON FUNERAL	HOMES INC, S	HREWS BURY, N	MASSACI	IUSETTS						
LIS	Disposition Type BURIAL Date of Disposition FEBRUARY 18, 2017											
DISPOSITIO	Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772											
۵	RURAL CEMETERY, II CURDAVILLE RUAD, SUUTHBURUUGH, MASSACHUSET 18 01//2											
En	dorsements											
,	Registry of Vita	l Records and Sta	tistics	Board of Health	/Agent for:	SOUTHBOROUGH						
PERMIT	State Tracking #	007932		Local Permit#	17-3							
ER	Date	FEBRUARY	16, 2017	Date	FEBRUA	RY 17, 2017						
				Name of Agent	JAMES 1	F. HEGARTY						
z	I hereby certify	that the remains v	vere disposed of in a	ccordance with its	terms at th	e place and date below:						
ATION	Place of Disposi	tion (Facility Name	and Address)		Signatur	е						
MAT												
FIR					X							
CONFIRM	Disposition Type	?	Date of Dispositio	n	Name of	Superintendent or Authorized Des	ignee:					
C												

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





State File#

2017 008838

0000194928

Form R-309 07012014

Info	ormation necess	sary for the Cert	ificate of Deat	th has been completed	d for:							
	Decedent Name	HEFFERNAN	, PAUL	MYLES				_				
	Place of Death	13 HARRIS DI	RIVE, SOUTE	HBOROUGH, MA								
r-	Date of Death	FEBRUARY 2	0, 2017	Dai	e of Birth	JULY 01, 1931	Sex	MALE				
EN	Residence			HBOROUGH, MASS	ACHUSE	TTS 01772						
DECEDENT	KOREA	pecify war/conflict(s) (most recent)									
۵	Branch of militar ARMY			S	GT	zation/outfit(most recent)						
	Date entered (mo FEBRUARY 2			Date Discharged (mo NO VEMBER 14, 19		Service Number(mo 11 248 767	ost recent)	·				
R	Certifier ZACH	ARY SPIGELM	AN, MD			Lic # 55820						
RTIFIER			FRAMINGHA	AM, MASSACHUSE	TTS 0170)2						
CERT	Immediate Cause METAS TATIO	e of Death C LUNG CARCI	NOMA									
Th	his permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:											
z	Funeral License	e Designee NAN	CY G MORRIS	S			Lic # 50277					
	Facility. MOR	RIS FUNERAL I	HOME, SOU	THBOROUGH, MAS	SACHUS	SETTS						
SIT	Disposition Type	BURIAL				Date of Disposition F	EBRUARY 2	5, 2017				
DISPOSITIO	Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772											
Ω	ALONE CAMPACATA AT COMMITTEE AT											
En	dorsements											
<u>_</u>	Registry of Vita	l Records and Sta	tistics			SOUTHBOROUGH						
ERMIT	State Tracking #	008838		Local Perm it #	17-4							
PER	Date	FEBRUARY	22, 2017	Date		ARY 22, 2017						
				Name of Agent	JAMES	F. HEGARTY						
	I he reby certify that the remains were disposed of in accordance with its terms at the place and date below:											
z	I he reby certify	that the remains v	vere disposed o	f in accordance with its								
TION		that the remains v		f in accordance with its	Signatur							
MATION				f in accordance with its	Signatur							
FIRM	Place of Disposi	tion (Facility Name	and Address)		Signatur X	re						
Σ		tion (Facility Name			Signatur X		d Designee:					

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





State File # 2017

2017 008838

Inf	ormation necessary for the Certificate of Death	has been completed for:								
	Decedent Name HEFFERNAN , PAUL M	IYLES								
	Place of Death 13 HARRIS DRIVE, SOUTHB	BOROUGH, MA								
Place of Death 13 HARRIS DRIVE, SOUTHBORO Date of Death FEBRUARY 20, 2017 Residence 13 HARRIS DRIVE, SOUTHBORO If U.S. veteran, specify war/conflict(s) (most recent) KOREA Branch of military (most recent) ARMY Date entered (most recent) FEBRUARY 25, 1952 Certifier ZACHARY SPIGELMAN, MD Addr. 99 LINCOLN STREET, FRAMINGHAM, MA Immediate Cause of Death METASTATIC LUNG CARCINOMA This permit authorizes the following Funeral Service Lie Funeral Licensee/Designee NANCY G MORRIS Facility. MORRIS FUNERAL HOME, SOUTHBORO Disposition Type BURIAL Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, S Endorsements Registry of Vital Records and Statistics State Tracking # 008838 Date FEBRUARY 22, 2017 I hereby certify that the remains were disposed of in accord Place of Disposition (Facility Name and Address) A Ma M. Campatern (Morris of Carlity Name and Address)	Date of Birth JULY 01, 1931 Sex MALE									
DEN		BOROUGH, MASSACHUSETTS 01772								
CE										
P	Branch of military (most recent) ARMY	Rank/organization/outfit(most recent) SGT								
		Date Discharged (most recent) NO VEMBER 14, 1954 Service Number (most recent) 11 248 767								
~	Certifier ZACHARY SPIGELMAN, MD	Lic # 55820								
FFE	Addr. 99 LINCOLN STREET, FRAMINGHAM	A, MASSACHUSETTS 01702								
54										
Th	his permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:									
Z	Funeral Licensee/Designee NANCY G MORRIS	Lic # 50277								
110	Facility. MORRIS FUNERAL HOME, SOUTH	HBOROUGH, MASSACHUSETTS								
POSITION	* **	Date of Disposition FEBRUARY 25, 2017								
		OAD, SOUTHBOROUGH, MASSACHUSETTS 01772								
En	dorsements									
1		Board of Health/Agent for: SOUTHBOROUGH								
R M I		Local Permit # E-PERMIT								
PE	Date FEBRUARY 22, 2017	Date -								
		Name of Agent								
NO		n accordance with its terms at the place and date below:								
Endoi Endoi III	RVARI CENETERY 11 CILDAVILLE D., Savillannich,	MA Signature X Dulla (Millian -)								
	Disposition Type Date of Dispositi	tion Name of Superintendent of Authorized Designee:								
Ö	FULL ETATH BURIAL FEBRUAR	2/25, 2017 Duly Go Courses - De Cours								

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.







State File #

2017 010988

Information necessary for the Certificate of Death has been completed for:

	Decedent Name	DA SILVEIRA	, TELMA F	ERREIRA					
	Place of Death	611 MADISON	PLACE, SOUTH	BOROUGH, MA	A				
UT DISPOSITION THE CERTIFIER DECEDENT	Date of Death	MARCH 02, 20	17	Da	te of Birth	MAY	04, 1952	Sex	FEMALE
EN	Residence		PLACE, SOUTH	BOROUGH, MA	ASSACH	USETT	S 01772		
CEI		pecify war/conflict(s) (most recent)						
DE	NO Branch of milita	ry (most recent)		R	ank/organ	ization/o	utfit(most recent)		
			_				0		
	Date entered(mo	st recent)	Da	ate Discharged (mo	st recent)		Service Number(mo	st recent)	
_	Certifier ANITA	A NARTEY, MD					Lic # 230268		
PIE	Addr. 260 CO	CHITUATE ROA	D, FRAMINGHA	M, MASSACH	USETTS	01701			
RTI	Immediate Caus								
CE	RESPIRATOR	RY FAILURE							
Th	is permit autho	rizes the followi	ng Funeral Servic	e Licensee or De	signee to	remove	, dispose or transp	ort remains	as listed below:
	Funeral License	e/Designee RICH	ARD D. COLLINS	3				Lic # 6312	
N 01					BOROU	GH, M	ASS ACHUS ETTS	3	
SIT	Disposition Type	REMOVAL FR	OM STATE			.1	Date of Disposition N	MARCH 08,	2017
0 P O	Place/Address								
D 18	MEMORIAL PARQUE CEMITERIO JARDIM, GOVERNADOR VALADARES, BRAZIL 35040-000								
En	dorsements								
<u> </u>	Registry of Vita	al Records and Stat	istics	Board of Health	/Agent for	: SOUT	HBOROUGH		
MIT	State Tracking #			Local Permit#	17-5				
E Z	Date	MARCH 06,	2017	Date	MARCH	I 06, 20	017		
-				Name of Agent	JAMES	F. HEC	GARTY		
z	I hereby certify	that the remains v	vere disposed of in a	ccordance with its	terms at tl	he place	and date below:		
ATIO	Place of Disposi	ition (Facility Name	and Address)		Signatu	re			
MA									
ONFIR					X				
O	Disposition Typ	e	Date of Disposition	7	Name o	f Superii	ntendent or Authorized	d Designee:	
10			1		1		•		

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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State File #

2017 016179

0000204262

Form R-309 07012014

Info	ormation necess	sary for the Certi	ficate of Death ha	s been complete	d for:							
	Decedent Name	BETTINELLI	, MARY ELL	EN								
	Place of Death	179 CORDAVI	LLE ROAD, SOU	THBOROUGH	, MA							
₋	Date of Death	MARCH 31, 20	17	Da	te of Birth	SEPTEMBER 15, 1949	Sex	FEMALE				
PERMIT DISPOSITION L CERTIFIER DECEDENT	Residence	179 CORDAVI	LLE ROAD, SOU	THBOROUGH	, MASSAC	CHUS ETTS 01772						
CEI		pecify war/conflict(.	s) (most recent)									
D E	NO Branch of militar	ry (most recent)		F	?ank/organi	zation/outfit(most recent)						
ON PERMIT 3 DISPOSITION L CERTIFIER DECEDENT	Date entered(mo	st recent)	Do	- ate Discharged (mo								
~	Certifier STEPHEN BUCHANAN, MD Lic # 216529											
FIE			D, FRAMINGHAI	M, MASSACHI	JS ETTS 0	1701						
END STAGE RENAL DISEASE												
Th	his permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:											
,	Funeral License	e/Designee NANC	CY G MORRIS			Lic	# 50277					
N 01	Facility. MOR	RIS FUNERAL 1	HOME, SOUTHB	OROUGH, MAS	SSACHUS	SETTS						
SIT	Disposition Type	CREMATION				Date of Disposition APR	IL 06, 20	17				
DISPO	Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605											
En	dorsements											
	Registry of Vita	l Records and Stat	tistics	Board of Health	Agent for:	SOUTHBOROUGH						
L M	State Tracking #	016179		Local Permit#	17-6							
PER	Date	APRIL 04, 20	017	Date	APRIL 0	94, 2017						
-				Name of Agent	JAMES	F. HEGARTY						
z	I hereby certify	that the remains v	vere disposed of in a	ccordance with its	terms at th	e place and date below:						
T10	Place of Disposi	tion (Facility Name	and Address)	-	Signatur	re						
MA												
FIR					X							
NOC	Disposition Type	2	Date of Disposition	1	Name of	Superintendent or Authorized De	signee:					
ك												

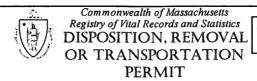
Acceptance of Permit

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A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.







State File # 2017 016398

Infe	ormation necessary for the Certificate of Death ha	s been completed	ior:							
	Decedent Name GIBLIN , KEVIN									
	Place of Death 7 DEERFOOT ROAD, SOUTHB	OROUGH, MA								
Place of Death 7 DEERFOOT ROAD, SOUTHBOROUGH, MAD Date of Death APRIL 03, 2017 DEERFOOT ROAD, SOUTHBOROUGH, MAD Residence 7 DEERFOOT ROAD, SOUTHBOROUGH, MAD If U.S. veteran, specify war/conflict(s) (most recent) VIETNAM Branch of military (most recent) MARINE CORPS Date entered(most recent) Date Discharged (most recent) OCTOBER 30, 1970 SEPTEMBER 01, 10 Certifier DAVID RYAN, MD Addr. 55 FRUIT STREET, BOSTON, MASSACHUSETTS 0211 Immediate Cause of Death PANCREATIC CANCER This permit authorizes the following Funeral Service Licensee or Designee THOMAS HHAYS, III Funeral Licensee/ Designee THOMAS HHAYS, III Facility. HAYS FUNERAL HOME, INC., NORTHBOROUGH, Disposition Type BURIAL Place/Address HOWARD STREET CEMETERY, HOWARD STREET, NORTHBOROUGH, Endorsements	Date of Death APRIL 03, 2017	Date	of Birth NOV	EMBER 08, 1950	Sex	MALE				
	OROUGH, MASS	ACHUSETTS	5 01772							
Q				outfit(most recent) BN,8THMAR, 2DMAR	DIV, FN	IF, CLNC				
		ite Discharged (most PTEMBER 01, 197		Service Number(most red 2676022	cent)					
~	Certifier DAVID RYAN, MD			Lic # 150748						
I L		HUSETTS 02117								
ERT										
		Y. D.		12	•	11 4 11 1				
Th										
Z					0284					
T10		HBOROUGH, MA								
0 S I										
DISPOSITIO	Place/Address HOWARD STREET CEMETERY, HOWARD STREET, NORTHBOROUGH, MASSACHUSETTS 01532									
En										
٦.		Board of Health/A		THBOROUGH						
M			17-7							
PEF	Date APRIL 05, 2017		APRIL 06, 201							
		Name of Agent	JAMES F. HE	GARTY						
N				and date below:						
TIC	Place of Disposition (Facility Name and Address)		Signature							
Z M A										
VFII			X							
COL	Disposition Type Date of Disposition		Name of Superi	ntendent or Authorized Des	signee:					
1										

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





State File #

2017 033809

OCME CASE # 2017-9342

Form R-309 07012014

Info	ormation neces	sary for the Cert	ificate of Death h	as been complete	d for:						
	Decedent Name	BARTON,	JESSE P								
	Place of Death	16 STRAWBEI	RRY HILL ROA	D, SOUTHBORG	UGH, MA						
ı.	Date of Death	JULY 21, 2017		Dai	te of Birth	MARCH 20, 1992	Sex	MALE			
This PERMIT DISPOSITION PERMIT DISPOSITION PERMIT P	Residence	16 STRAWBEI	RRY HILL ROA	D, SOUTHBORO	UGH, MA	SSACHUSETTS 01772					
CEI		pecify war/conflict(s) (most recent)								
DE	NO Branch of milita	ry (most recent)		<i>R</i>	ank/organiza	ation/outfit(most recent)					
	Date entered(mo	st recent)	, <i>L</i>	 Date Discharged (mo	 st recent)	Service Number(most	recent)				
M	Certifier RICH	ARD J. EVANS,	MD	-		Lic # 58622					
FIE	Addr. 55 LAKE	AVENUE N, V	ORCESTER, M	IAS S A CHUS ETT	S 01655						
E R	Immediate Cause PENDING	e of Death									
Th	is permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:										
7	Funeral Licenses	e Designee NAN	CY G MORRIS			Li	c# 50277				
POSITION	Facility. MORI	RIS FUNERAL	HOME, SOUTH	BOROUGH, MAS	SACHUS	ETTS					
	Disposition Type	CREMATION				Date of Disposition ${f JU}$	LY 28, 201	7			
	Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605										
DI	RUKAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01005										
En	dorsements										
_	Registry of Vita	l Records and Sta	tistics	Board of Health	/Agent for:	SOUTHBOROUGH					
MI	State Tracking #	033809		Local Permit#	17-9						
PER	Date ·	JULY 25, 20	17	Date	JULY 25,	2017					
	·			Name of Agent	JAMES F	. HEGARTY					
Ż	I hereby certify	that the remains v	vere disposed of in	accordance with its	terms at the	place and date below:					
T10	Piace of Disposi	tion (Facility Name	and Address)		Signature						
MA											
FIR					·X						
CON	Disposition Type		Date of Disposition	on	Name of S	uperintendent or Authorized L	Designee:				

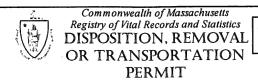
Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.







State File #	2017 051281
State r tie #	201/031261

Info	ormation necess	sary for the Cert	ificate of Death ha	is been complete	d for:			,				
	Decedent Name	STROM, LI	NDA									
	Place of Death	1021 MADIS O	N PLACE, SOUT	HBOROUGH, M	IA							
ı.	Date of Death	NOVEMBER 1	2, 2017	Da	te of Birth	SEPTEMBER 15, 1948	Sex	FEMALE				
EN	Residence	1021 MADIS O	N PLACE, SOUT	HBOROUGH, M	IASSACH	IUS ETTS 01772						
CEL		pecify war/conflict(s) (most recent)									
End d l l l l l l l l l l l l l l l l l l	NO Branch of militar	y (most recent)		R 	ank/organi: 	zation/outfit(most recent)						
	Date entered(mo	st recent)	De	ate Discharged (mo	st recent)	Service Num ber(most)	recent)					
_	Certifier DAVII	SOMMER, M	D			Lic # 238767						
3	Addr. 123 SUM	IMER STREET,	WORCESTER,	MASS ACHUS E	TTS 01608	3						
CERTI		anch of military (most recent) The entered (mos										
Th	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:											
	Funeral Licenses	e/Designee CHRI	STOPHER P GO	ULET, SR		Lic	# 50719					
10 N	Facility. HAMI	EL FUNERAL C	CARE & CREMAT	TION SERVICE	OF MAS	SACHUSETTS, QUINCY,	MASSAC	CHUSETTS				
SIT	Disposition Type CREMATION Date of Disposition NOVEMBER 16, 2017											
DISPO	Place/Address BLUE HILL CREMATORY, 700 REAR WEST STREET, BRAINTREE, MASSACHUSETTS 02184											
En	dorsements											
	Registry of Vita	l Records and Sta	tistics	Board of Health	/Agent for:	SOUTHBOROUGH						
M	State Tracking #	051281		Local Permit#	17-10							
ER	Date	NOVEMBER	R 15, 2017	Date	NOVEM	BER 16, 2017						
				Name of Agent	JAMES	F. HEGARTY						
z	I hereby certify	that the remains v	vere disposed of in a	ccordance with its	terms at th	e place and date below:						
AT10	Place of Disposi	tion (Facility Name	and Address)		Signatur	re						
Σ												
NFIR			I 5		X							
CON	Disposition Type	?	Date of Disposition	n	Name of	Superintendent or Authorized E	resignee:					

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





State File #

2017 050937

0000252940

Form R-309 07012014

Info	ormation necess:	ary for the Certi	ificate of Death	n has been complete	d for:						
	Decedent Name	HALLISEY ,	RICHARD	ALLYN							
	Place of Death	10 GENERAL	HENRY KNO	X ROAD, SOUTHB	OROUGH,	MA					
F	Date of Death	NOVEMBER 1	3, 2017	Da	te of Birth	TUNE 02, 1933	Sex	MALE			
ECEDENT	Residence	10 GENERAL	HENRY KNO	X ROAD, SOUTHB	OROUGH,	MASSACHUSETTS 0	1772				
CEI	If U.S. veteran, sp	ecify war/conflict(s) (most recent)								
DE	Branch of military	(most recent)		R	ank/organiza 	tion/outfit(most recent)					
	Date entered(mos	t recent)		Date Discharged (mo	st recent)	Service Number(mo	st recent)				
×	Certifier RICHA	RD ORINO, M	D			Lic # 55285					
FIE			REWS BURY,	MASSACHUSETT	S 01545						
CERTIFIER	Immediate Cause SQUAMOUS C		ANCER								
Th	nis permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:										
7	Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277										
SPOSITION	Facility. MORR	IS FUNERAL I	HOME, SOUT	HBOROUGH, MAS	SACHUSE	TTS					
	Disposition Type	Disposition Type BURIAL Date of Disposition NOVEMBER 18, 2017									
	Place/Address RURAL CEMETERY, 11 CORDAVILLE STREET, SOUTHBOROUGH, MASSACHUSETTS 01772										
D 1	RURAL CEVIETERI, II CORDAVILLE STREET, SOUTHBOROUGH, MASSACHUSET 15 01/12										
En	dorsements										
٦	Registry of Vital	Records and Stat	istics	Board of Health	/Agent for: S	SOUTHBOROUGH					
ERMIT	State Tracking #	050937		Local Permit#	17-11						
PER	Date	NOVEMBER	14, 2017	Date	NOVEMB	ER 17, 2017					
				Name of Agent	JAMES F.	HEGARTY					
N	I hereby certify t	hat the remains v	vere disposed of	in accordance with its	terms at the	place and date below:					
TIO	Place of Dispositi	on (Facility Name	and Address)		Signature						
MA											
FIR					X						
CONFIRMATION	Disposition Type		Date of Dispos	ition	Name of St	uperintendent or Authorized	l Designee:				

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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State File #

2017 056997

OCME CASE # 2017-16225 RECEIVED TOWN OF FRE'S OFFICE

Form R-309 07012014

Information necessary for the Certificate of Death has been completed for:

	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							ZOLL OFF 50) P 2: 40	1			
	Decedent Name	LUCE, JOS	ЕРН В						_	,			
	Place of Death	E MAIN STRE	ET, 1, SOUTHBO	OROUGH, MA				SOUTHBOR	OUGH, MA				
۲	Date of Death	DECEMBER 1	9, 2017	Da	te of Birth	JANUARY	28, 1962	Sex	MALE				
EN	Residence	26 E MAIN ST	REET, SOUTHB	OROUGH, MAS	SACHUS	ETTS 01772	!						
ECEDENT		pecify war/conflict(s) (most recent)										
DE	NO Branch of milita	ry (most recent)		R	ank/organ	ization/outfit(m	ost recent)						
			n	ate Discharged (mo	ert was a m f)	Camu	ica Num har	(most recent)					
	Date entered(mo	si receni)		aie Dischargea (mo -	si receni)		ice ivam ber	(most recent)					
~	Certifier IRINI	A. SCORDI-BE	LLO, MD			Lic #	269344						
FIE			BOSTON, MASS	SACHUSETTS 02	2118								
CERTIFIE	Immediate Cause	e of Death	HVPERTENSIVE	CARDIOVASO	TILAR D	DISEASE							
		ARTERIOSCLEROTIC AND HYPERTENSIVE CARDIOVASCULAR DISEASE											
Tł	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:												
z	Funeral License	e/Designee NAN(CY G MORRIS					Lic # 50277					
SITIO	Facility. MOR	RIS FUNERAL 1	HOME, SOUTHE	BOROUGH, MAS	SACHU								
1180	Disposition Type CREMATION Date of Disposition DECEMBER 21, 2017												
DISPO	Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605												
Ω	ROBERT (CARRELL CARRELL), 100 CARRELL, 110 C												
En	dorsements												
_	Registry of Vita	l Records and Sta	tistics	Board of Health	/Agent for	: SOUTHBO	ROUGH						
PERMIT	State Tracking #	056997		Local Permit#	17-12								
PER	Date	DECEMBER	20, 2017	Date	DECEM	IBER 20, 201	17						
L				Name of Agent	gent JAMES F. HEGARTY								
z	I hereby certify	that the remains v	vere disposed of in a	ccordance with its	terms at tl	he place and d	ate below:						
TION	Place of Disposi	tion (Facility Name	and Address)		Signatu	re							
<													
FIRM				X									
Z			Date of Dispositio					rized Designee:					

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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Acceptance of Permit

Disposition Type

Worcester, MA 01605

Date of Disposition

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

2 1 2017

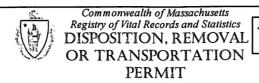
X

Name of Superintendent or Authorized Designee:

ohn H CobiH

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





State File #

2018 029312 NECEIVE

2018 JUN 26 A 8: 21

Information necessary for the Certificate of Death has been completed for:

						2001	HHIRIIIGH, M	
	Decedent Name QI, XIANG	QIAN						
DECEDENT	Place of Death 3 PRESIDENTIAL DRIVE, SOUTHBOROUGH, MA							
	Date of Death JUNE 22, 2018		Da	te of Birth	NOVEMBER 23, 1947	Sex	MALE	
	Residence 3 PRESIDENTIAL DRIVE, SOUTHBOROUGH, MASSACHUS ETTS 01772							
	If U.S. veteran, specify war/conflict(s) (most recent) NO							
	Branch of m ilitary (most recent)		Rank/organization/outfit(most recent)					
	Date entered(most recent) Date		ate Discharged (mo	ost recent)	Service Number(m	ost recent)		
CERTIFIER	Certifier ASHRAF ELKERM, MD Lic # 81917							
	Addr. 370 WEST STREET, LEOMINSTER, MASSACHUSETTS 01453							
	Immediate Cause of Death METASTATIC SQUAMOUS CELL LUNG CANCER							
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:								
SITION	Funeral Licensee/ Designee RICHARD D. COLLINS Lic # 6312							
	Facility. FITZGERALD & COLLINS FUNERAL HOME, MARLBOROUGH, MASSACHUSETTS							
SIT	Disposition Type CREMATION Date of Disposition JUNE 26, 2018							
DISPO	Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605							
Endorsements								
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH					
	State Tracking # 029312		Local Permit # 18-6					
	Date JUNE 25, 2018		Date	JUNE 26, 2018				
			Name of Agent	JAMES	JAMES F. HEGARTY			
FIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:							
	Place of Disposition (Facility Name and Address)			Signatu	re			
				X				
CONF	Disposition Type	Date of Disposition	1	Name o	f Superintendent or Authorize	ed Designee:		

Acceptance of Permit

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